



City of Columbus
Department of Development
757 Carolyn Ave.
Columbus, OH 43224

**Lead-Safe Columbus
Grant Application**

*"Generating lead-safe affordable housing and preventing lead poisoning
of children and adults in Columbus neighborhoods"*

(Please print or Type)

Property Owner Information

Name: Mr./Ms. _____ S.S.# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (Home) _____ (Work) _____

Household Income: Monthly \$ _____ Annual \$ _____

Date Ownership Verified: _____

Project Property Information

Property Address(s): City: _____ State: _____ Zip Code _____

Owner Occupied: Yes _____ No _____ Tenant Occupied: Yes _____ No _____

Units in Building _____

Type of Construction: Brick _____ Wood _____ Vinyl/Aluminum Siding _____

Other (please specify _____)

Property Insurance: Yes _____ No _____ Company: _____ Amount: _____

Parcel # _____ - _____ County Tax Value \$ _____ Date _____

of Stories _____ Year Property(s) Constructed _____

Unit Information – See Residential Occupant Profile sheet for each unit.

Unit Address _____ Occupied? _____ # of Rooms/Bedrooms _____

Unit Address _____ Occupied? _____ # of Rooms/Bedrooms _____

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Unit Address _____ Occupied? _____ # of Rooms/Bedrooms _____

Financial Information

Property Mortgager Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone #: _____ Mortgage Balance _____

Applicant's Certification

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the City of Columbus' Lead-Safe Columbus program and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant agrees to allow the following reviews/inspections by City staff:

- (1) An historic preservation review to determine historic eligibility
- (2) An environmental review to determine floodplain location
- (3) Review for relocation obligations
- (4) Lead-based paint inspection/risk assessment
- (5) A City of Columbus Code Inspection and voluntary blood tests for children of the occupants.

Further, the Applicant agrees to comply with all applicable requirements of the aforementioned. The Applicant also is aware that if approved, this grant may be treated as income subject to Federal Income Tax.

Signature _____ Date _____

Signature _____ Date _____

City of Columbus Use Only

Date Application Received: _____ Reviewed By: _____

Comments:

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Next Steps

Submit the following to complete your application:

- A.** Copy of the **property deed** showing ownership
- B. Income verification**, e.g. a copy of your previous year's income tax return and/or current pay stubs showing year-to-date salary.

Please return to:

**City of Columbus
Department of Development
Lead-Safe Columbus
757 Carolyn Ave.
Columbus, OH 43224
Attention: Joe Gothard**

Listed are the steps that will occur during the lead hazard control work.

Feasibility Inspection.
Eligibility Determination
Lead Inspection Risk Assessment.
Work Specifications.
Bid Process.
Sign Grant Agreement and Contract.
Temporary Relocation (if necessary).
Lead Hazard Control Activities.
Final Inspections.
Maintenance and Monitoring.

If you have any questions, or if we may be of assistance, please contact Joe Gothard at (614) 645-7452.